

## VETERANS HEALTH ADMINISTRATION DENTAL PROGRAM

**1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook establishes eligibility criteria for dental care provided by the Department of Veterans Affairs.

### **2. SUMMARY OF MAJOR CHANGES:**

a. This VHA Handbook is a revision of VHA Handbook 1130.1, dated December 25, 2008.

b. This VHA handbook was amended on March 10, 2020 to remove information now found in VHA Directive 1130, Veterans Health Administration Dental Program, dated March 6, 2020.

**3. RELATED DIRECTIVE:** VHA Directive 1130.

**4. RESPONSIBLE OFFICE:** The Office of Dentistry (10NC7) is responsible for the contents in this VHA Handbook. Questions may be referred to 202-632-8329.

**5. RECISSIONS:** VHA Handbook 1130.1 dated December 25, 2008 is rescinded. This Handbook also rescinds VHA Directive 2007-039 dated November 21, 2007 and VHA Directive 2008-017 dated March 28, 2008.

**6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of February 2018.

Robert A. Petzel  
Under Secretary for Health

**DISTRIBUTION:** Emailed VHA Publications Distribution List 2/13/13.

**CONTENT**

**VETERANS HEALTH ADMINISTRATION DENTAL PROGRAM**

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. SCOPE..... 1

4. RESPONSIBILITIES ..... 1

5. ELIGIBILITY FOR DENTAL CARE..... 2

6. OUTPATIENT DENTAL PROGRAM ..... 7

APPENDIX A

SCOPE OF CARE QUICK REFERENCE GUIDE .....A-1

APPENDIX B

§4.150 SCHEDULE OF RATINGS—DENTAL AND ORAL CONDITIONS.....B-1

## VETERANS HEALTH ADMINISTRATION DENTAL PROGRAM

### 1. PURPOSE

This Veterans Health Administration (VHA) handbook addresses provision of dental care by the Department of Veterans Affairs (VA) to eligible Veterans and other eligible beneficiaries, assignment to different dental classes, and levels of dental care provided to those dental classes. Other elements of VHA's Dental Program are addressed in VHA Directive 1130, Veterans Health Administration Dental Program, dated March 6, 2020. All VA dentists are expected to be knowledgeable concerning the role of dentistry in VA's mission and their responsibility in understanding and prescribing an extent of care consistent with dental eligibility regulations. **AUTHORITY:** Title 38 United States Code (U.S.C.) §§1710(c), 1712 and Title 38 Code of Federal Regulation (CFR) 17.160 – 17.166.

### 2. BACKGROUND

a. VA provides oral health services to eligible Veterans specified under 38 U.S.C. §§1710(c) and 1712. All VA medical facilities and selected outpatient clinics provide oral and dental examinations and treatment.

b. VA implements its statutory authority through regulations that establish the Dental Program, such as Title 38 CFR §§17.160 – 17.166.

c. The Dental Program is operated in conjunction with other offices within VHA and carried out in accordance with the requirements of VHA Directive 1130, Dental Program for VA Medical Facilities.

d. Dental care for eligible Veterans must be provided in a manner consistent with the following core values: timely access, quality outcomes, cost effectiveness, evidence-based care, patient and provider satisfaction, and patient safety.

e. The goal of VA Dental Services is to provide high quality, cost-effective and evidence-based dental treatment to eligible Veterans. All VA dentists are to be knowledgeable regarding the scope of care to be provided under each dental classification.

### 3. SCOPE

The VHA Dental Program refers to the dental and oral health care provided to beneficiaries by VHA including both on-site dental services and dental care provided by non-VA sources authorized by VA.

### 4. RESPONSIBILITIES

(1) **The Assistant Under Secretary for Health for Dentistry.** The Assistant Under Secretary for Health for Dentistry is responsible for providing operational oversight of VA dental programs.

b. **The VISN Lead Dentist.** The VISN Lead Dentist is responsible for:

(1) Working with the Assistant Under Secretary for Health for Dentistry and the Office of Dentistry to provide policy and procedure recommendations to and from the field.

(2) Advising the Network Director and Chief Medical Officer on issues pertinent to VA Dentistry.

c. **The Facility Director.** The facility Director is responsible for:

(1) Ensuring adequate staffing, training, and resources to implement effective dental programs in accordance with VA requirements, Centers for Disease Control (CDC) and Prevention recommendations, The Joint Commission (TJC) standards and other external surveying bodies' standards and requirements.

d. **The Chief, Dental Service.** The Chief, Dental Service is responsible for:

(1) Ensuring that the facility dental program complies with VHA regulations, directives, handbooks, and policies pertaining to dental clinic operations. The Chief, Dental Service is also responsible for developing local procedures.

(2) Ensuring that presenting Veterans are evaluated for eligibility to receive dental care from VA, appropriately classified and rated for purposes of disability compensation if eligible, and receive the appropriate level of dental evaluation and treatment consistent with their dental classification and standards of good dental practice.

(3) Ensuring that other eligible beneficiaries eligible for dental evaluation or treatment are provided dental care consistent with relevant statutory authority.

e. **Dental Service Personnel.** Dental service personnel are responsible for knowledge of the provisions of this Handbook as well as local procedures, and conducting their activities in accordance with these provisions.

## 5. ELIGIBILITY FOR DENTAL CARE

a. **Basis for Determining Eligibility.**

VA Dental Services examine and treat eligible inpatient and outpatient beneficiaries. It is not the established mission of VA to provide dental care to all Veterans or even to all those who are hospitalized. Dental eligibility is determined in a different manner than medical eligibility. The scope of care is determined by the patient's dental classification. Eligibility for dental care is defined by statute and is to be provided in accordance with the provisions of existing law and VA regulations, i.e., 38 U.S.C. §§1710(c) and 1712, and 38 CFR §§17.160 through 17.166.

b. **Procedures for Determining Eligibility and Scope of Care.**

(1) The facility Business Office is the first resource for administrative determination of dental eligibility. That office is to determine a Veterans' eligibility for all dental patient classifications, with the exception of Classes III and VI. When necessary, the second and final resource for administrative determinations of a Veteran's eligibility for dental care is the Health Eligibility Center (HEC). The HEC has final responsibility for verification of all administrative aspects of a Veteran's eligibility for dental care with the exception of determinations related to Classes III and VI.

(2) VA Dental Service Chiefs or designees are responsible for all Class III and Class VI eligibility-determinations as they require and are based on review of the Veteran's medical history.

(3) Once a Veteran is determined to be eligible for dental care, the facility is to provide the Veteran with an evaluation by a dentist who must determine the appropriate scope of care consistent with the patient's designated dental classification.

**c. Eligibility Classification.**

(1) As discussed above, statutes and regulations establish VA's authority to provide dental benefits to specific categories of Veterans. Dental classes for outpatient dental care have been established by regulation and they define these patient categories. The dental regulations also identify other categories of Veterans eligible for specific dental care. The nuances of these classifications and categories are addressed in the Inpatient, Outpatient, and Long Term Care sections of this Handbook. Also see Appendix A for the Scope of Care Quick Reference Guide.

(2) The following list identifies the patient categories that are to be provided dental care in compliance with applicable VA regulations and Directives:

(a) Residents of VA domicilaries, including those participating in Mental Health Residential Rehabilitation Treatment Programs;

(b) VA Community Living Center residents;

(c) Inpatients with a compelling medical need, such as a defined dental condition which has a significant negative impact on the medical management of the patient, regardless of service connection;

(d) Veterans for whom outpatient dental care is reasonably necessary to complete dental care that was initiated while they were inpatients;

(e) Outpatient Dental Class I through VI beneficiaries; and

(f) Individuals with dental emergencies who are provided outpatient dental care on a humanitarian basis.

(3) The following patient categories may also be provided dental care in compliance with VA regulations and Directives, if clinic capacity is available:

(a) Active duty military personnel or military retirees who are receiving inpatient care in VA facilities pursuant to VA-DOD sharing or TRICARE agreements and entitled (thereunder) to receive dental care as specified in those contracts; and

(b) Specially designated inpatients and outpatients covered by approved sharing agreements.

**d. Professional Considerations.**

(1) With respect to patients eligible for outpatient dental care, there is no authority to expand the scope of care beyond that which is consistent with the Veteran's eligibility-classification and the "category" of care under each such classification, to meet the demands of an educational program as a "teaching case." If a training program is dependent upon types of cases that are not available in sufficient numbers, then that program must be re-evaluated. (see subpar. 7e)

(2) The patient's ability to pay for the cost of private dental care is not to be a factor in determining the extent or limitation of dental treatment provided by VA.

(3) Dental care provided for reasons of medical necessity must not exceed that which is necessary to resolve the condition that is aggravating or complicating the management of a medical problem. For example, a patient's medical problem may require only the removal of foci of infection. Even though VA may edentulate a patient to resolve the dental condition's impact on a medical problem, VA is not obligated to provide prostheses for this patient.

**e. Scope of Outpatient Dental Care.** Once a Veteran's dental eligibility-classification has been properly established, the appropriate scope of care within that classification for each individual Veteran must be determined. The scope of outpatient dental care to be provided must be categorized as Comprehensive, Focused, or Emergent. Use of these categories standardize nomenclature used across the system and facilitate a consistent standard of care throughout all VA dental facilities.

(1) Comprehensive Dental Care. Veterans eligible for outpatient comprehensive dental care include Classes I, II(a), II(c), IV. These Veterans receive any dental treatment that is reasonably necessary and clinically determined by the treating dentist to meet the Veteran's dental needs. A recall program must be established for those Veterans who are eligible for comprehensive and repeat dental care. The goal of care is to attain and sustain oral health and function including prosthetic rehabilitation as indicated.

(2) Focused Dental Care. Veterans eligible for outpatient Focused Dental Care include Classes II, II(b), III, V, and VI. These Veterans are to receive outpatient dental treatment to resolve a specific dental condition dependent upon, and consistent with, the Veteran's classification. Treatment may include relief of pain, elimination of infection, or improvement of speech or esthetics. It also includes treatment of non-compensable service connected teeth (Class II). The goal of care is to provide a specific improvement of the oral conditions that directly impact the medical condition

(Class III and VI), assist in vocational rehabilitation (Class V), or to provide dental care professionally determined to be medically and functionally appropriate to their status for those in a VA Community Living Center or extended care facility. Veterans who are eligible for a one-time course of dental care under the Homeless Veterans Dental Program receive focused dental care under Class II(b).

(a) In the case of Class III and VI patients, consultation requests from non-dental providers must identify the medical condition being aggravated or the management of which is complicated by the dental problem. The Dental Service Chief, or designee, must review the consult and determine dental eligibility and scope of care.

(b) Focused dental treatment is generally limited and may include supportive periodontal therapy, endodontic therapy, restorative dentistry, and oral surgical procedures. There are exceptions in which procedures such as fixed partial dentures, implant services, or removable prostheses are appropriate, such as in the replacement of missing non-compensable service connected teeth on Class II patients.

(c) Once the episode of care has been completed in accordance with good professional standards, VA generally provides no further dental care to the Veteran. If the Veteran requests further care, the Veteran is to be advised of the need to seek dental care at the Veteran's own expense in the private sector.

(3) Outpatient Emergency Dental Care. Outpatient emergency dental care may be provided as a humanitarian service to individuals who do not have established dental eligibility. Dental treatment is limited to that necessary to address acute pain or a dental condition which is determined to be endangering life or health. Examples of the latter include treatment for a significant infection, uncontrolled bleeding, or any other dental condition that is determined to be a serious threat to health or endangering life. The goal of this kind of treatment is to eliminate symptoms and remove foci of infection. Dental care under this category is generally limited to a one-time course of palliative treatment or procedures and appropriate pharmacological therapy.

(a) The provision of humanitarian emergency dental treatment does not entitle the individual to subsequent or follow-up care unless the individual is eligible for such under some other legal basis.

(b) If VA provides humanitarian outpatient emergency dental treatment to individuals who are not eligible for VA dental care, VA must process and bill those individuals as follows:

1. Veterans presenting at VA medical facilities requesting treatment for emergent dental care should initially be seen for administrative processing and triage. Triage will include, if applicable, verification of any medical condition for which there is a potential for Class III or VI dental care. **NOTE:** *If the dental condition can be treated on an outpatient basis and does not require immediate attention, i.e., is not deemed at triage to in fact be emergent, then the patient is to be referred to community resources at the patient's own expense.*

2. If the Veteran is deemed to have a qualifying dental emergency but is not eligible for outpatient dental care, the Veteran must be informed of this fact and advised that they must be billed for all emergency dental treatment that VA provides. If the patient accepts, the eligibility clerk or designee is to complete and sign the statement of ineligibility on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. The applicant must sign the statement of understanding related to the provision and billing of emergency dental care prior to referral to the Dental Service.

3. Dental Service personnel must examine the Veteran to determine the appropriate course of treatment to be provided to address and manage the emergent condition. Dental Service personnel are also responsible for documenting the care that is provided in DRM+.

a. If the condition requires hospitalization, the patient must be returned to the admitting area with the necessary documentation for admission.

b. If the dental condition can be treated on an outpatient basis and does not require immediate attention, the patient must be referred to community resources at their expense.

c. Dental personnel must provide a brief description of the emergency treatment provided to the Veteran on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. This form must be signed by the treating dentist and returned to the facility business office.

f. **Refusal to Accept Dental Services.** Patients who refuse to accept Dental Service's recommendations or do not cooperate in receiving treatment, will have a statement of the facts entered into their electronic record for review and appropriate disposition by the Chief, Dental Service, or designee.

g. **Treatment Continuation for Patients Who Relocate to Another Geographic Area.** A key objective of VA Dentistry is to provide a consistent standard of dental care throughout VA dental facilities; however, if a patient has a plan of treatment for a scope of care later determined inconsistent with their dental classification, the receiving facility is not obligated to provide care beyond that which is indicated (in the professional opinion of the responsible dentist at the receiving facility). The Dental Service at the new facility must perform an evaluation, update the treatment plan, and communicate any changes to the original plan of treatment to the patient.

h. **Patient Responsibility in Making and Keeping Dental Appointments.** Veterans who fail to report for appointments must be managed in compliance with local policy. Any Veteran eligible for dental treatment on a one-time completion basis only and who has not received such treatment within 3 years after filing the application must be presumed to have abandoned the claim for dental treatment. (see Title 38 CFR §17.164).

i. **Fugitive Felons.** In accordance with Title 38 U.S.C. § 5313B, Veterans who are

fugitive felons, and dependents of Veterans who are fugitive felons, are not eligible for VA health care benefits.

j. **Veterans Living in a Foreign Country.** Questions regarding dental eligibility for Veterans living in a foreign country need to be referred to the VA Chief Business Office for assistance.

## 6. OUTPATIENT DENTAL PROGRAM

a. **Persons Eligible for Outpatient Dental Care.** Classes of eligible dental outpatients are as follows:

### (1) Class I

(a) Veterans having a compensable (10% or greater), service-connected dental disability or condition (combat or non-combat related) rated under VA's 9900 series of the Schedule for Rating Disabilities (see App. B) are eligible for any reasonably necessary dental care, whether related to the SC condition or not, to maintain or restore oral health and masticatory function, including repeat care.

(b) Classification of Veterans having other service-connected conditions of the head and neck area is sometimes confusing. Non-dental conditions such as loss of soft tissue, scarring, or cranial nerve involvement are not rated under the 9900 series. These are considered medical conditions and Veterans with these conditions are not eligible under Class I. The decision to authorize dental care for these conditions as adjunctive care (either as Class III or Class VI) must be made by the Chief, Dental Service, or designee and based on the same criteria as for other medical conditions.

### (2) Class II

(a) Veterans having a noncompensable, service-connected dental disability or condition shown to have been in existence at the time of discharge or release from active service, which took place after 9/30/81, may be provided any treatment as reasonably necessary for the one-time correction of the noncompensable, service-connected dental condition if all of the following criteria are met:

1. In the case of Gulf War Veterans (which includes Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn Veterans), they must have served on active duty and been discharged or released, under conditions other than dishonorable, from a period of active military, naval, or air service of not less than 90 days. For others, they must have been discharged or released, under conditions other than dishonorable, from any other period of active military, naval, or air service of not less than 180 days.

2. Application for dental treatment is made within 180 days of such discharge or release.

3. The certificate of discharge or release does not bear a certification that the

Veteran was provided, within the 90- day period immediately before discharge or release, a complete dental examination (including dental radiographs) and all appropriate dental treatment indicated by the examination was completed. This certification is found on the DD Form 214, Certificate of Release or Discharge from Active Duty, line 17.

4. For Class II patients, the VHA dental exam is completed within 180 days after discharge or release, unless delayed through no fault of the Veteran.

(b) When Class II eligibility has been exhausted by satisfactory completion of the authorized treatment in accordance with good professional standards, no further care will be provided.

(c) Class II dental beneficiaries who (through no fault of VA) have not completed authorized treatment within 3 years after filing the application will be presumed to have abandoned the claim for dental treatment.

(d) Limitations of Treatment Provided Under Class II.

1. Dental Prostheses and Implants Provided by VA. Class II dental beneficiaries are not eligible to receive ongoing maintenance. Once adjustments are satisfactory, the episode of prosthetic care is considered to be complete and subsequent treatment is the responsibility of the Veteran.

2. Periodontal Conditions. Specific treatment authorized for periodontal conditions of Class II beneficiaries is expected to provide maximum benefit by the time that episode of overall care is completed. When that treatment is satisfactorily completed as authorized, further treatment or follow-up for the periodontal condition is not authorized.

3. Impacted Teeth. Impacted teeth are a developmental abnormality. Consideration for surgical extraction must be based on sound professional judgment to resolve existing disease or symptoms.

4. Malposed Teeth. Malposed teeth are considered a developmental abnormality and a pre-existing condition relative to the start of military service. Orthodontic care in this circumstance is not authorized. For cases in which trauma incurred in the line of duty resulted in malalignment of the teeth or when restorative procedures for which the Veteran is eligible require orthodontic intervention, orthodontic care may be provided.

5. Veterans with Orthodontic Appliances. When Veterans present at VA facilities with orthodontic appliances for the purpose of correcting developmental malocclusion and have not had their treatment completed by the military prior to discharge, they must be informed that VA does not assume the responsibility for any phase of the orthodontic care unless directly related to rehabilitation of combat trauma to the maxillofacial region.

6. Service Connection of Dental Conditions for Treatment Purposes. VBA may, upon request, provide documentation to the Dental Service defining service connection of specific teeth for dental treatment purposes. (see Title 38 CFR 3.381). The

regulation provides for identification of teeth treated during military service, and applies only to Class II beneficiaries who have met the criteria as specified in Paragraph 7c1(a)-(f) and 7c2(a) and (b) of this Handbook. The Chief or designee can use the document to assist in development of appropriate treatment recommendations.

7. United States Department of Defense (DoD) responsibilities. Under 38 U.S.C. 1712(a)(2), DoD must notify the Veteran at the time of discharge or release of the VA Class II- dental benefit available to newly discharged Veterans, including notice of the applicable time- limit for these benefits (i.e., including the need to apply for this benefit within 180 days of their discharge or release). If a Veteran requests dental treatment after that 180 day period and states the required notification was not provided to the Veteran upon discharge or release, the Chief Business Office should send a VA Form 10-7131 Exchange of Beneficiary Information to VBA to investigate. If no indication of notification was documented by DoD, or the DD-214 indicates dental treatment was not completed within 90 days of discharge and no Class II treatment has been provided, then Veteran may be provided a one-time course of dental care.

### **(3) Class II(a)**

(a) Veterans having a service-connected noncompensable dental condition or disability adjudicated as resulting from combat wounds or service trauma may be authorized any treatment indicated as reasonably necessary for the correction of such service-connected noncompensable condition or disability. This includes any care necessary to provide and maintain a functioning dentition.

(b) VA Form 10-564-D, Dental Trauma Rating or VA Regional Office Rating Decision letter identifies the service-connected noncompensable condition or disability, which establishes Class II(a) eligibility.

(c) Prior to 1955, teeth that received routine dental care while the Veteran was on active duty were listed as "service connected," and therefore eligible for care. As a result of changes to Title 38 dental authorities in 1955, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be noncompensable service connected is no longer eligible for Class II outpatient dental treatment based on such prior determination of service connection. Questions regarding eligibility may be referred to HEC.

### **(4) Class II(b)**

(a) Outpatient dental services and treatment considered medically necessary are provided to certain homeless and other enrolled Veterans. These limited dental benefits defined in Title 38 U.S.C. § 2062 are to be provided a one-time course of dental care provided in the same manner as the dental benefits provided to a newly discharged veteran. Specifically, dental services and treatment provided to eligible Veterans under this authority are those that are:

1. Necessary for the Veteran to gain or regain employment;

2. necessary to alleviate pain; or

3. necessary to treat moderate, severe, or complicated and severe gingival and periodontal pathology.

(b) Eligible Veterans are defined as those who are enrolled in VA's health care system; and the Veteran is receiving care (directly or by contract) for a period of 60 consecutive days, as verified by the facility Veterans Homeless Coordinator, in any of the following settings:

1. A Domiciliary, which includes Domiciliary Mental Health Residential Rehabilitation Treatment Programs.

2. A Compensated Work Therapy-Transitional Residence.

3. A Community Residential Care Program, if VA coordinated the placement.

4. A community-based residential treatment program serving homeless Veterans under the Health Care for Homeless Veterans (HCHV) program.

5. A setting operated by a provider to whom VA provides grant and per-diem funds under VA's Homeless Providers Grant and Per Diem Program.

(5) **Class II(c).** Veterans who were Prisoners of War (POWs) are eligible for any needed dental care, including repeat care.

(6) **Class III.** Veterans referred by a treating physician who have a dental condition professionally determined by the VA dentist(s) to be aggravating or complicating the management of a service-connected medical condition under active treatment are eligible for care to treat the dental condition. However, there is no provision granting eligibility for dental care under this classification in case of the opposite relationship, where a medical condition (e.g. Post Traumatic Stress Disorder (PTSD)), may be contributing to a dental condition (e.g. bruxism) because the dental condition identified is not professionally determined to aggravate the medical condition. The goal is to provide focused care to treat only the oral conditions that directly impact the clinical management of the service-connected medical condition. Eligibility for each episode of dental care must be predicated on referral (consult), followed by a new dental evaluation.

(7) **Class IV.** Veterans whose service connected disabilities have been rated at 100 percent (total) under the VA Schedule of Rating Disabilities (VASR-D) or who are receiving the 100 percent rate by reason of individual unemployability, are eligible for any needed dental care, including repeat care, with the following exception: Veterans awarded a temporary total disability rating by VBA but not as a VASR-D or individual employment eligibility rating (i.e. Prestabilization, Hospitalization or Convalescent Ratings) are not eligible for comprehensive outpatient dental services based on an opinion by VA General Counsel to the Under Secretary for Health, February 24, 2006, VAOPGCADV 2- 2006. These Veterans may be eligible for care

under a different eligibility category. Determination of temporary status is the responsibility of the eligibility section of the Chief Business Office.

**(8) Class V**

(a) A Veteran who is actively engaged in a Chapter 31 vocational rehabilitation program may receive dental care to the extent needed to meet any of the following goals:

1. Make possible the Veteran's entrance into a rehabilitation program;
  2. Achieve the goals of the Veteran's vocational rehabilitation program;
  3. Prevent interruption of a rehabilitation program;
  4. Hasten the return to a rehabilitation program of a Veteran in interrupted or leave status;
  5. Hasten the return to a rehabilitation program of a Veteran placed in discontinued status because of illness, injury or dental condition;
  6. Secure and adjust to employment during the period of employment assistance;
- or
7. Enable the Veteran to achieve maximum independence in daily living.

(b) Requests for Class V dental care must be forwarded to the Dental Service by the Chapter 31 Vocational Rehabilitation Program on VA Form 28-8861. This form needs to be provided for each episode of care requested. Dental care must not be provided beyond the anticipated rehabilitation date as specified on the form.

**(9) Class VI.** Any Veteran scheduled for admission or who is receiving care under chapter 17 of title 38, U.S.C., may receive outpatient dental care if the dental condition is clinically determined to be complicating the medical condition currently under VA treatment. Eligibility for each episode of dental care will be predicated on referral and consultation, followed by a decision based upon clinical judgment. The goal is to provide focused care to treat only the oral conditions that are complicating impact the clinical management of the medical condition currently under treatment. This classification includes medically necessary dental care for Veterans receiving care for Military Sexual Trauma under Title 38 U.S.C. 1720D.

**(10) Other Beneficiaries.** Other beneficiaries who may be eligible for dental care in VA dental clinics on an outpatient basis to the extent consistent with law and applicable sharing agreements, subject to the availability of VA resources are:

(a) Armed Forces Personnel on Active Duty.

1. Compensation and pension examinations must be performed for active duty

personnel referred by VBA.

2. Active duty personnel may be provided treatment of emergent oral conditions. Authority from the Commanding Officer of the military installation must accompany the request for dental treatment. If extenuating circumstances are present, treatment of this condition may be accomplished prior to the receipt of authority. Emergency dental treatment for members of the Armed Forces on active duty must be limited to such treatment as is found necessary for the relief of pain and control of acute infection, trauma or hemorrhage.

(b) Armed Forces Personnel in VA Polytrauma Centers. Active duty military personnel receiving treatment in a VA Polytrauma Center are eligible to receive any reasonably necessary dental care under the terms of the sharing agreement between the VA and Department of Defense (DOD) Memorandum of Agreement dated January 1, 2007, or any successive Memorandum of Agreements.

(c) VA Employees.

1. VA employees may be provided emergent dental treatment and treatment to address injuries incurred in the performance of duty. Provision of care is predicated on referral from the employee health program. Employees with emergent conditions that may require follow-up care will be advised to seek private care at their expense.

2. VA employees may be provided dental treatment authorized by an approved Office of Workers' Compensation claim.

(d) Beneficiaries of Sharing Agreements. Treatment provided must be dependent on the specific language of the agreement.

**(11) Disability Evaluation Examinations for Compensation and Pension Rating Purposes.** Requests for an oral examination are submitted to the Dental Service by VBA. Veterans must be coded as "Special Provision (20)" unless established in another dental classification. Examinations must be completed in compliance with the Compensation and Pension program requirements.

SCOPE OF CARE QUICK REFERENCE GUIDE

Dental Classification		Brief Description	Scope of Care	Recall
1	INP, Emergency	Treatment of an emergent oral condition such as acute pain, infection, trauma and/or	Emergent/Urgent care.	No
2	INP, Compelling Medical Need	Treatment of an oral condition complicating the management of the medical condition for which the	Focused care.	No
3	INP, Extended Care	Inpatients in a non-acute care unit.	Focused care.	No
4	Community Living Center	Residents in VA Community Living Centers.	Focused care.	No
5	Domiciliary VA Residential	Residents in VA Domiciliary Centers.	Focused care.	No
6	INP, Special Provision	Inpatients specified under sharing agreements and employees or patients officially authorized	Per terms of the official agreement	
7	INP, Non-Compelling Medical	Inpatients, service or non-service connected, that are provided dental care not related to the	Focused care.	No
8	INP, Other	Other beneficiaries that are inpatients such as military retirees and inpatient dependents	Focused care.	No
9	OPC, Class I	10% SC or greater for a dental condition - 9900	Comprehensive	Yes
10	OPC, Class II	Recent discharge from military service.	Focused	No
11	OPC, Class IIA	Adjudicated, non-compensable trauma to oral	Comprehensive	Yes
	OPC, Class IIB	Enrolled in an approved VA Homeless Program or	Focused care	No
13	OPC, Class IIC	POW	Comprehensive	Yes
14	OPC, Class III	Treatment of an oral condition adjunctive to the management of a service connected medical	Focused care.	No
15	OPC, Class IV	100% SC Total 100% SC compensation rate by virtue of individual	Comprehensive care	Yes
16	OPC, Class V	Enrolled in the VA Vocational Rehabilitation Program	Focused care.	No
17	OPC, Class VI	Treatment of an oral condition adjunctive to the management of a non-service connected medical condition.	Focused care.	No
18	OPC, Emergency	Treatment of an emergent/urgent oral condition involving acute pain, infection, trauma and/or	Emergent/Urgent care.	No
19	OPC, Continued After Inpatient Care,	Treatment of an oral condition complicating the management of the medical condition for which the	Focused care.	No
20	OPC, Special Provision	C&P examinations, outpatients provided care under a sharing agreement, eligible allied	Per terms of the official agreement	
21	OPC, Continued After Inpatient Care,	Treatment provided to inpatients that are completed after hospital discharge.	Focused care.	No
22	OPC, Continued After Inpatient	Treatment provided to active duty military, military retirees, CHAMPVA inpatients that are completed	Focused care.	No

**§4.150 SCHEDULE OF RATINGS—DENTAL AND ORAL CONDITIONS**

Rating

<b>9900</b> Maxilla or mandible, chronic osteomyelitis or osteoradionecrosis of: Rate as osteomyelitis, chronic under diagnostic code 5000.	
<b>9901</b> Mandible, loss of, complete, between angles.....	100
<b>9902</b> Mandible, loss of approximately one-half:	
Involving temporomandibular articulation.....	50
Not involving temporomandibular articulation.....	30
<b>9903</b> Mandible, nonunion of: Severe 30 Moderate 10	
<i>NOTE: Dependent upon degree of motion and relative loss of masticatory function.</i>	
<b>9904</b> Mandible, malunion of:	
Severe displacement.....	20
Moderate displacement.....	10
Slight displacement.....	0
<i>NOTE: Dependent upon degree of motion and relative loss of masticatory function.</i>	
<b>9905</b> Temporomandibular articulation, limited motion of: Inter-incisal range:	
0 to 10 mm .....	40
11 to 20 mm .....	30
21 to 30 mm .....	20
31 to 40 mm .....	10
Range of lateral excursion:	
0 to 4 mm .....	10
<i>NOTE: Ratings for limited inter-incisal movement must not be combined with ratings for limited lateral excursion.</i>	
<b>9906</b> Ramus, loss of whole or part of:	
Involving loss of temporomandibular articulation:	
Bilateral .....	50
Unilateral .....	30
Not involving loss of temporomandibular articulation:	
Bilateral .....	30
Unilateral .....	20
<b>9907</b> Ramus, loss of less than one-half the substance of, not involving loss of continuity:	
Bilateral .....	20
Unilateral .....	10
<b>9908</b> Condylod process, loss of, one or both sides .....	30
<b>9909</b> Coronoid process, loss of:	
Bilateral .....	20

Unilateral.....	10
<b>9911</b> Hard palate, loss of half or more:	
Not replaceable by prosthesis .....	30
Replaceable by prosthesis .....	10
<b>9912</b> Hard palate, loss of less than half of:	
Not replaceable by prosthesis .....	20
Replaceable by prosthesis .....	0
<b>9913</b> Teeth, loss of, due to loss of substance of body of maxilla or mandible without loss of continuity:	
Where the lost masticatory surface cannot be restored by suitable prosthesis:	
Loss of all teeth .....	40
Loss of all upper teeth .....	30
Loss of all lower teeth.....	30
All upper and lower posterior teeth missing .....	20
All upper and lower anterior teeth missing .....	20
All upper anterior teeth missing .....	10
All lower anterior teeth missing .....	10
All upper and lower teeth on one side missing .....	10
Where the loss of masticatory surface can be restored by suitable prosthesis .....	0
<i><b>NOTE:</b> These ratings apply only to bone loss through trauma or disease such as osteomyelitis and not to the loss of the alveolar process as a result of periodontal disease, since such loss is not considered disabling.</i>	
<b>9914</b> Maxilla, loss of more than half:	
Not replaceable by prosthesis .....	100
Replaceable by prosthesis .....	50
<b>9915</b> Maxilla, loss of half or less:	
Loss of 25 to 50 percent:	
Not replaceable by prosthesis .....	40
Replaceable by prosthesis .....	30
Loss of less than 25 percent:	
Not replaceable by prosthesis .....	20
Replaceable by prosthesis .....	0
<b>9916</b> Maxilla, malunion or nonunion of:	
Severe displacement.....	30
Moderate displacement .....	10
Slight displacement.....	0
38 CFR 4.150 (Schedule of Ratings--dental and oral conditions)	